

AL VIN ISD-EDGAR COMPLIANCE QUOTE FORM

REQUEST SUBMITTED BY: _____

CAMPUS: _____

DATE: _____

TWO QUOTE COMPARISONS MUST BE SUBMITTED FOR PURCHASE ORDER TO BE PROCESSED. PRICES ARE TO INCLUDE DISCOUNT FROM VENDOR. IMPORTANT REMINDER - THESE QUOTES ARE SUBJECT TO AUDIT. (RETURN FORM TO FEDERAL PROGRAMS FOR PROCESSING)

COMPANY 1	COMPANY 2 (not needed if SCE)
VENDOR NAME: _____	VENDOR NAME: _____
SALES REP. NAME: _____ PHONE # _____	SALES REP. NAME: _____ PHONE # _____
VENDOR #: _____ BID # _____	VENDOR #: _____ BID # _____
COMMODITY CODE: _____ <input style="width: 50px; height: 20px;" type="text"/>	COMMODITY CODE: _____ <input style="width: 50px; height: 20px;" type="text"/>
CHECK BOX TO USE THIS VENDOR <input type="checkbox"/>	CHECK BOX TO USE THIS VENDOR <input type="checkbox"/>

DESCRIPTION/PRODUCT CODE	QTY	UNIT OF MEASURE	TOTAL COST	DESCRIPTION/PRODUCT CODE	QTY	UNIT OF MEASURE	TOTAL COST
1.							
2.							
3.							
4.							
5.							
<i>(REQFREIGHT) SHIPPING (IF APPLICABLE)</i>							
GRAND TOTAL			\$	GRAND TOTAL			\$

COMMENTS: (Must justify if not using lowest quote) 	(please check one) Fund: ___ Title I ___ Title II ___ Title III ___ Title IV ___ State Comp Ed ___ SI ___ Perkins	Goal _____ Objective _____ Strategy _____
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SUBMIT THIS FORM WITH THE 2 VENDOR QUOTES ATTACHED